Performance Report

2025/26 Quarter 2: July to September 2025

Trust Board: 6th November 2025

CONTEXT

The Integrated Care System for Northern Ireland (ICS NI) is the new commissioning framework for Northern Ireland which reflects a single planning system aimed at reducing health inequalities and improving the health and wellbeing of the population.   The ICS NI Framework Document May 2024 provides an overview of the new model, strategic direction and expected outcomes to be achieved. This model is underpinned by population health and Outcomes-Based Accountability (OBA) approaches.   The strategic direction incorporates the introduction of the Strategic Outcomes Framework (SOF) and System Oversight Measures (SOM).

Whilst the SOF reflects the long term priorities (population health accountability), the SOM provide Trusts with the short-term Departmental priorities (performance accountability) for the year ahead.   The associated SOM metrics will measure how the HSC system is contributing to the achievement of the outcomes. The suite of reports for the SOM measures is not yet fully available from encompass and this has been part of the overall recovery work on encompass reporting which was sponsored by the encompass Programme Board. In addition, SPPG have made the decision to derive their performance reports from Trust encompass data, and Trusts have all undertaken a process to fully understand and agree the SPPG reporting inclusions and exclusions fully. This is required in order to ensure reporting can be validated locally.

Western and Southern Trusts went live on the encompass single electronic health record on 8 May 2025 and are in the Stabilisation phase of the project post-go-live. An update on the stabilisation position is provided in Section 3 below. This includes data validation work to assure confidence in workflows and reporting. After each Trust go-live this is a required phase and currently there are a number of service areas where confidence in reporting is not yet at the level which would enable submission of data for Trust Board and wider reporting. No Trust has as yet been able to report on the full suite of SOM and this remains a work in progress for the HSC system.

EXECUTIVE SUMMARY

The SOMs have been developed around six key domains which include Performance, Safety & Quality, Finance & Governance, Efficiency & Productivity, Access Improvement & Tackling Health Inequalities and Workforce.

There are 101 metrics across Acute, Community and Primary Care, Safety and Quality and Access Performance; the composite list of these metrics is available in Appendix 1. The Western Trust are responsible for reporting against 51 (47 quantitative and 4 qualitative) of the 101 metrics to the Strategic Planning and Performance Group (SPPG). The remaining 50 metrics are reported to SPPG by NI Ambulance Service (NIAS) (15), Regional Service Lead/SPPG Finance, DoH Policy Lead (12), SPPG Primary Care (8), SPPG Quality & Safety Team (9) and Public Health Agency (PHA) (6).

Of the total metrics, 84 are quantitative metrics and 17 are qualitative/progress reports. Unfortunately, at the time of publishing this report, the SOMs qualitative dashboard remains in development by SPPG.

This report provides the first update on the System Oversight Measures (SOMs) at the end of 2025/26 Quarter 2 (July to September 2025) for Western Trust.   At September 2025, the Trust reported a total of 36 of the 47 quantitative SOMs of which **9 High Confidence** (RAG Green), **5 Medium Confidence** (RAG Amber) and **22 Low Confidence** (RAG Red). This is broadly in line with Southern Trust.

Confidence unchanged (Non Epic Data)
- Hours of Unmet Need for Full & Partial Packages
- Service User Direct Payments In Effect
- Family Support Category Unallocated Cases >20days High
- Other Fractures patients treated < 7days

High Confidence
- Neck Of Femur patients treated <48 hours
- Number of Patients who wait>12 hours in ED
- ED Attendances waiting <4 hours for treatment, discharge, admission
- Cancer Diagnosis receive 1st Definitive Treatment <31 days of DTT
- Suspect Cancer Patients receive their 1st definitive treatment <62 days of referral

Medium Confidence
- Number of patients who do not wait in ED
- Complex discharge delays – weekend discharges
- Patients waiting >9 weeks for CAMHS appointment
- Patients waiting >9 weeks for Dementia Service appointment
- Suspect Breast Cancer Referrals seen <14 days

Low Confidence
- Simple discharge delays – weekend discharges
- DNA / on the day cancellation rates (New and Review Outpatients - 2 metrics)
- Theatres – DNA/cancellations on the day (Main and DPU Theatres - 2 metrics)
- Theatres – Utilisation (Run times – 3 metrics and Op times – 2 metrics)
- Average Length of Stay
- Access Targets: 1st Consultant Outpatient, Diagnostic Tests, Inpatient/Day case, Allied Health Professionals – 6 specialities, Adult Mental and Psychological Therapies waiting times (11 metrics).

The remaining 11 quantitative SOMs are unfortunately unavailable for Quarter 2 reporting. At the end of September 2025, 9 of the 11 outstanding reports were built by Epic for the following service areas/metrics:

- Readmission rates
- Review appointments
- Patient Initiated Follow Up (PIFU)
- Theatre DNA/cancellations for Endoscopy suites
- Admission on Day of Inpatient Surgery
- Safety and Quality Nursing Indicators (4 metrics).

At the time of this report, the SPPG Information team are in the process of reviewing these reports. The report IDs will be shared with Trust Information staff who will be required to review and validate these reports alongside SPPG colleagues. These service areas will not be reported within SOMs until SPPG Information and Trusts are content the reports provide what is required in line with the specifications.

The final 2 SOMs metrics include:

- Mental Health 3 Day Follow up assessment. Work on this metric is being progressed through the Regional Post Discharge Task and Finish Group; which includes all Trusts Service and PPI colleagues, SPPG and Epic/encompass. At this time, it is anticipated that reporting will commence from November 2025; this will be dependent on testing and validation of the finalised epic report.

- Day case rates – as per British Association of Day Surgery (BADS) recommended rates. This report remains under development by Epic/encompass with an expected mid November 2025 completion date; this is due to the complexity of this metric.

A detailed assessment of the Western Trust 2025/26 Quarter 2 (July to September 2025) metrics with High and Medium Confidence levels reported is provided in Section 2 below.
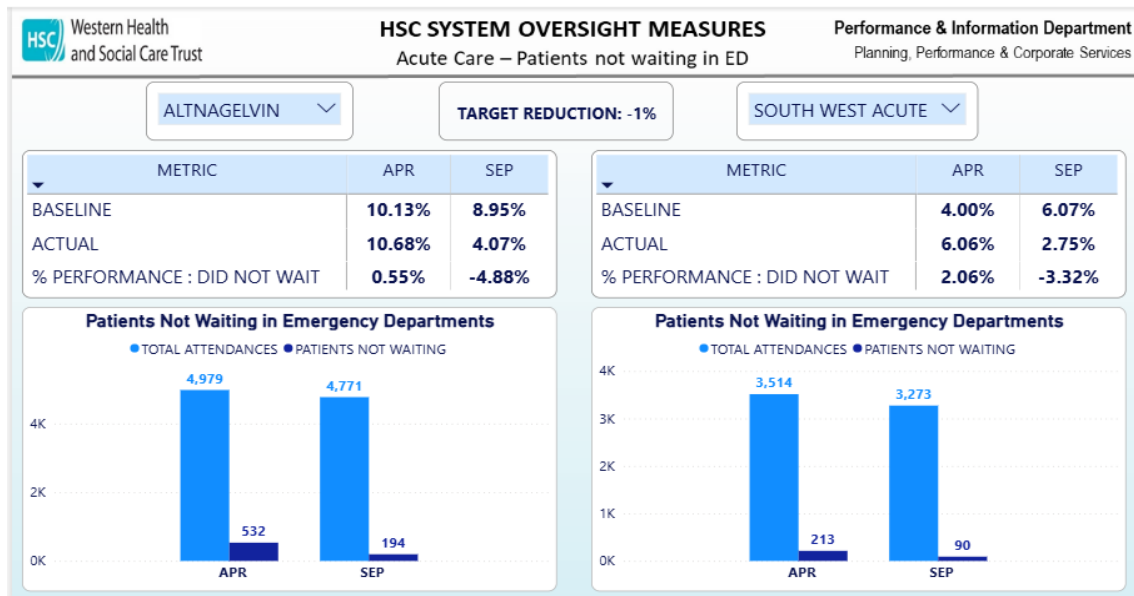
ACUTE CARE

Patients not waiting in ED (Medium Confidence)

The % of patients who leave ED without treatment complete should not exceed 1% in each month during 2025-26 when compared to 2024-25 figures.

At the end of September 2025, the % of patients who left ED without treatment complete include:

- Altnagelvin Hospital: **194** patients (**4.88% reduction** against the 1% reduction target).
- South West Acute Hospital: **90** patients (**3.32% reduction** against the 1% reduction target).

The May to August 2025 information is unavailable due to validation undertaken by the PPI team and service colleagues, following the encompass go live. As a result of this validation, the Trust are in a positon to report "Medium Confidence" (RAG Amber) in this service data. Validation by the PPI team and service colleagues will continue until high confidence in the data is achieved.

HSC SYSTEM OVERSIGHT MEASURES
Acute Care – Patients not waiting in ED

Western Health and Social Care Trust

Performance & Information Department
Planning, Performance & Corporate Services

ALTNAGELVIN | TARGET REDUCTION: -1% | SOUTH WEST ACUTE

METRIC	APR	SEP
BASELINE	10.13%	8.95%
ACTUAL	10.68%	4.07%
% PERFORMANCE : DID NOT WAIT	0.55%	-4.88%

METRIC	APR	SEP
BASELINE	4.00%	6.07%
ACTUAL	6.06%	2.75%
% PERFORMANCE : DID NOT WAIT	2.06%	-3.32%

Patients Not Waiting in Emergency Departments
TOTAL ATTENDANCES ● PATIENTS NOT WAITING

APR 4,979 / 532   SEP 4,771 / 194

Patients Not Waiting in Emergency Departments
TOTAL ATTENDANCES ● PATIENTS NOT WAITING

APR 3,514 / 213   SEP 3,273 / 90

Emergency Department (ED) 12 Hour Performance (High Confidence)

By March 2026, reduce the number of patients who waited longer than 12 hours in ED in 2024/25 by 10%.

At the end of September 2025, **1,661** patients waited longer than 12 Hours in ED, against a target of 1,501 (Trust wide); representing **-0.42%** against -10% target.

The May to August 2025 information is unavailable due to validation undertaken by the PPI team and service colleagues, following the encompass go live. As a result of this validation, the Trust are in a positon to report "High Confidence" (RAG Green) in this service data.
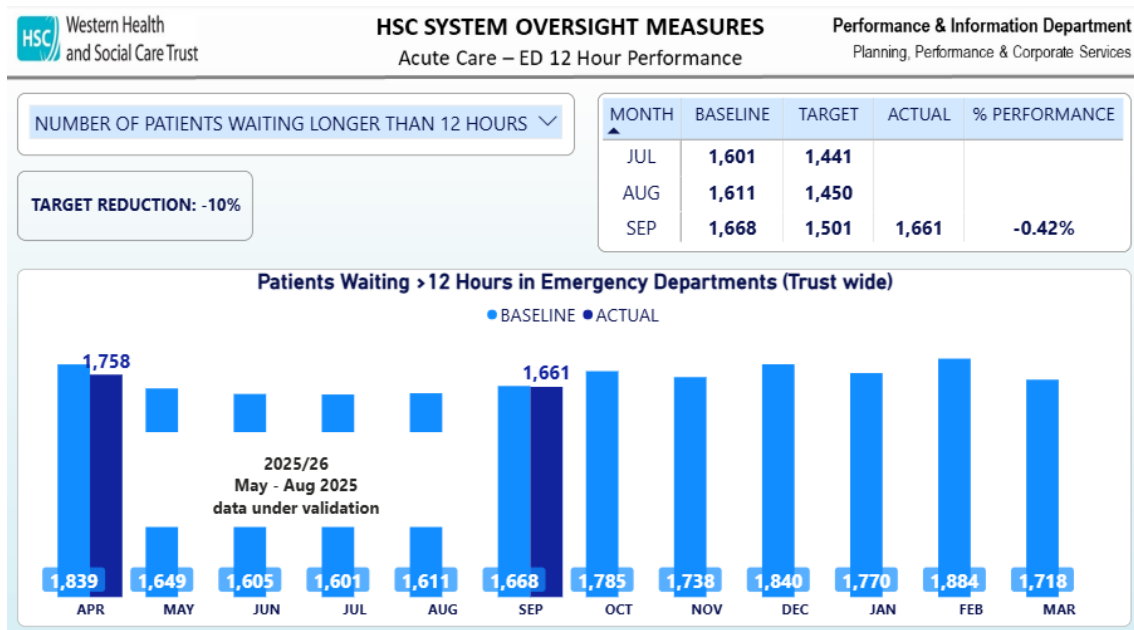
Weekend Discharge Rates – Complex Discharges (Medium Confidence)

The number of Complex Discharges on any Saturday and any Sunday should be at least 60% of the average daily number of Complex Discharges from Mon-Fri in that week.

At the end of September 2025, the Complex Discharge Delays achieved include:

- Altnagelvin Hospital: **3.57%** against the 60% target.
- South West Acute Hospital: **4.58%** against the 60% target.
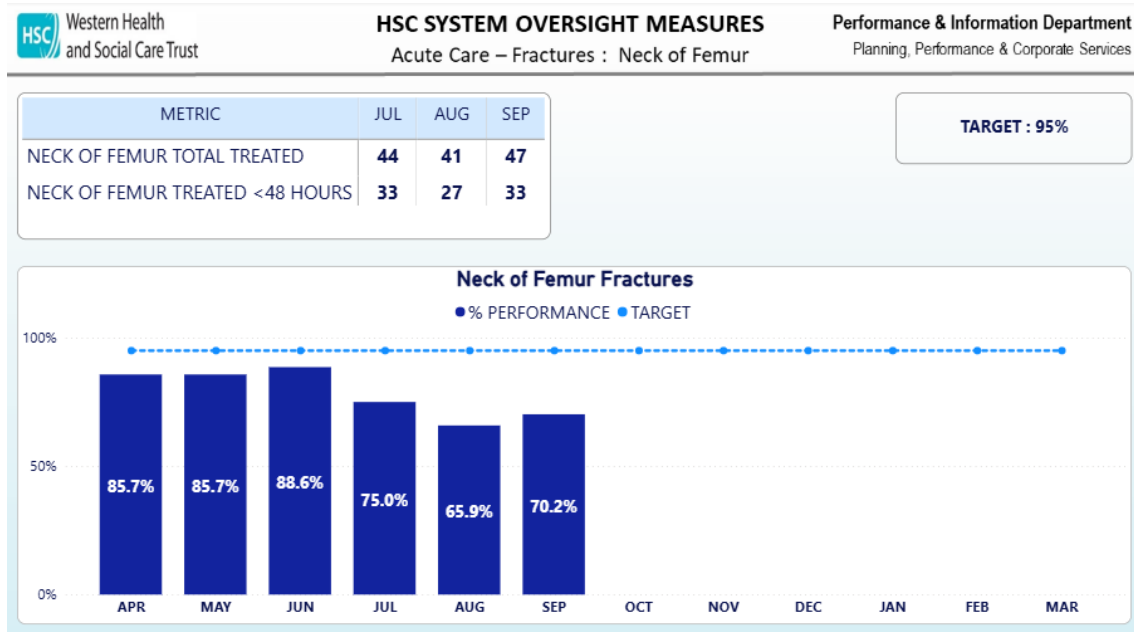
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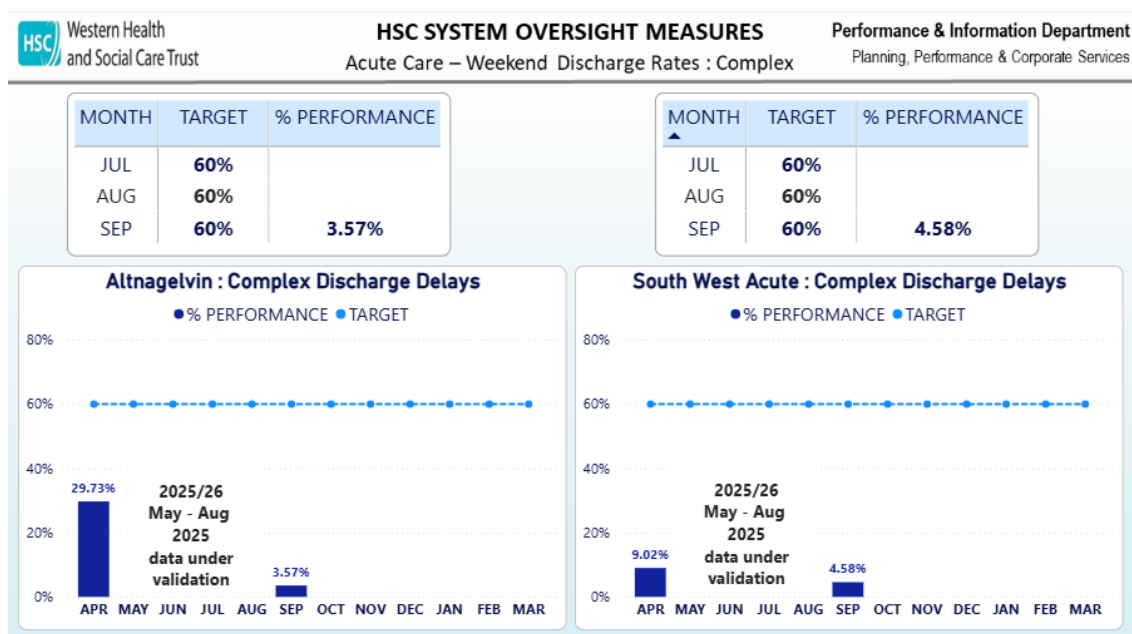
Fractures - Neck of Femur (High Confidence – Non Epic Data)

95% of patients where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.
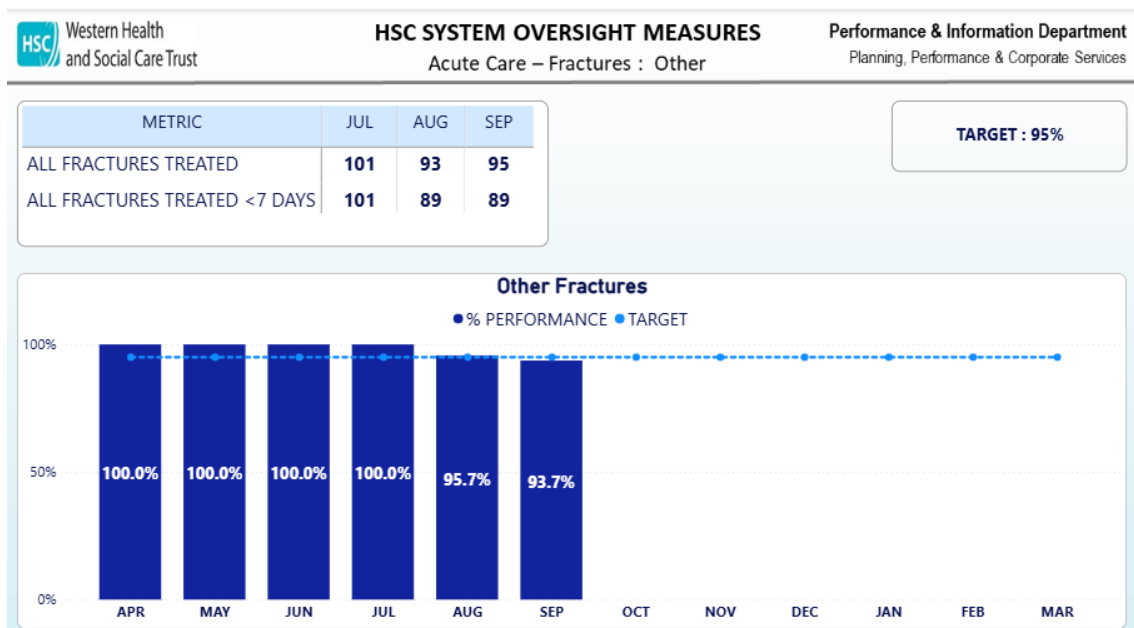
At the end of September 2025, the Trust reported 47 Neck of Femur Fractures with 33 clinically appropriate patients treated within 48 hours (**70.2%**). The confidence in this data remains unchanged at "High" (RAG Green) as it is sourced from a non-epic system.

		HSC SYSTEM OVERSIGHT MEASURES		Performance & Information Department
HSC Western Health and Social Care Trust		Acute Care – Fractures : Neck of Femur		Planning, Performance & Corporate Services

METRIC	JUL	AUG	SEP
NECK OF FEMUR TOTAL TREATED	44	41	47
NECK OF FEMUR TREATED <48 HOURS	33	27	33

TARGET : 95%

Neck of Femur Fractures
● % PERFORMANCE ● TARGET

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
85.7%	85.7%	88.6%	75.0%	65.9%	70.2%						

Fractures – Other (High Confidence - Non Epic Data)

95% of all fracture patients where clinically appropriate, wait no longer than 7 days for inpatient treatment for fractures.

At the end of September 2025, the Trust reported a total of 95 fractures with 89 clinically appropriate patients treated within 7 days (**93.7%**). The confidence in this data remains unchanged at "High" (RAG Green) as it is sourced from a non-epic system.

		HSC SYSTEM OVERSIGHT MEASURES		Performance & Information Department
HSC Western Health and Social Care Trust		Acute Care – Fractures : Other		Planning, Performance & Corporate Services

METRIC	JUL	AUG	SEP
ALL FRACTURES TREATED	101	93	95
ALL FRACTURES TREATED <7 DAYS	101	89	89

TARGET : 95%

Other Fractures
● % PERFORMANCE ● TARGET

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
100.0%	100.0%	100.0%	100.0%	95.7%	93.7%						

Unscheduled Care – Northern Ireland Ambulance Service (NIAS)

Ambulance Handover Times (handover delays)

>2hours - 0% by March 2026

At September 2025, the Trust reported the lowest number of Northern Ireland Ambulance Service (NIAS) Patient handover times > 2 hours (**192**), when compared across the region.

The cumulative number of Patient handover times > 2 hours from April to September 2025 (**1,010**), highlights the Trust as the best performing across the region (**9.6%**).

The tables below provide a breakdown by Trust and hospital site for the Western Trust.

Handover Times : Number of Patients > 2 Hours

Trust	Service Area	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
Western	Total Patient Handovers	1,730	1,788	1,753	1,763	1,761	1,678	**10,473**
	Number >2 Hours	125	203	153	142	195	192	**1,010**
	% >2 Hours	**7.2%**	**11.4%**	**8.7%**	**8.1%**	**11.1%**	**11.4%**	**9.6%**
Belfast	Total Patient Handovers	2,591	2,737	2,597	2,850	2,714	2,557	**16,046**
	Number >2 Hours	402	364	339	323	219	263	**1,910**
	% >2 Hours	**15.5%**	**13.3%**	**13.1%**	**11.3%**	**8.1%**	**10.3%**	**11.9%**
Northern	Total Patient Handovers	2,191	2,277	2,174	2,212	2,203	2,048	**13,105**
	Number >2 Hours	349	328	289	357	365	482	**2,170**
	% >2 Hours	**15.9%**	**14.4%**	**13.3%**	**16.1%**	**16.6%**	**23.5%**	**16.6%**
South Eastern	Total Patient Handovers	1,527	1,451	1,338	1,471	1,392	1,300	**8,479**
	Number >2 Hours	385	441	324	408	393	529	**2,480**
	% >2 Hours	**25.2%**	**30.4%**	**24.2%**	**27.7%**	**28.2%**	**40.7%**	**29.2%**
Southern	Total Patient Handovers	1,783	1,792	1,749	1,851	1,868	1,820	**10,863**
	Number >2 Hours	361	386	395	381	315	241	**2,079**
	% >2 Hours	**20.2%**	**21.5%**	**22.6%**	**20.6%**	**16.9%**	**13.2%**	**19.1%**
Region	Total Patient Handovers	9,822	10,045	9,611	10,147	9,938	9,403	**58,966**
	Number >2 Hours	1,622	1,722	1,500	1,611	1,487	1,707	**9,649**
	% >2 Hours	**16.5%**	**17.1%**	**15.6%**	**15.9%**	**15.0%**	**18.2%**	**16.4%**

Source : Northern Ireland Ambulance Service Dashboard

Western Trust by Hospital Site : Handover Times : Number of Patients > 2 Hours

Site	Service Area	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
Altnagelvin	Total Patient Handovers	1,119	1,110	1,158	1,118	1,116	1,070	**6,691**
	Number >2 Hours	94	150	118	120	155	149	**786**
	% >2 Hours	**8.4%**	**13.5%**	**10.2%**	**10.7%**	**13.9%**	**13.9%**	**11.7%**
South West Acute	Total Patient Handovers	611	678	595	645	645	608	**3,782**
	Number >2 Hours	31	53	35	22	40	43	**224**
	% >2 Hours	**5.1%**	**7.8%**	**5.9%**	**3.4%**	**6.2%**	**7.1%**	**5.9%**
Western Trust Total	Total Patient Handovers	1,730	1,788	1,753	1,763	1,761	1,678	**10,473**
	Number >2 Hours	125	203	153	142	195	192	**1,010**
	% >2 Hours	**7.2%**	**11.4%**	**8.7%**	**8.1%**	**11.1%**	**11.4%**	**9.6%**

A regional Ambulance Handover workshop was held at the end of August 2025 were regional commitment was given to the implementation of Ambulance Improvement Trajectories from September – December 2025 as detailed below:

- 1st September – No handover delay > 4 hours
- 1st October – No handover delay > 3 hours
- 1st November – No handover delay > 2 hours 30 minutes
- 1st December – No handover delay > 2 hours

During September 2025, the number of delays over the 4 hour target recorded by the Trust include:

- Altnagelvin Hospital: **28** delays over the 4-hour target; this represents **2.6%** of all ambulance arrivals at the Emergency Department.

- South West Acute Hospital recorded **3** delays over the 4-hour target; this represents **0.5%** of all ambulance arrivals at the Emergency Department.

Ambulance Turnaround Times

51% to be Turned Around <30 minutes

At September 2025, the Trust reported the lowest number of Northern Ireland Ambulance Service (NIAS) Turnaround times within 30 minutes (**162**), when compared across the region. This represents **9.6%** against the 51% Target.

This target remains challenging across the region with all Trusts reporting a similar cumulative position (April to September 2025) against this specific target.

The table below provides a breakdown by Trust.

Turnaround Times : Within 30 minutes

| Trust	Service Area	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
Western	Ambulance Turnarounds	1,743	1,799	1,764	1,777	1,769	1,686	**10,538**
	< 30 minutes	213	162	171	185	170	162	**1,063**
	% < 30 minutes	**12.2%**	**9.0%**	**9.7%**	**10.4%**	**9.6%**	**9.6%**	**10.1%**
Belfast	Ambulance Turnarounds	2,617	2,760	2,632	2,888	2,741	2,583	**16,221**
	< 30 minutes	294	348	385	401	425	443	**2,296**
	% < 30 minutes	**11.2%**	**12.6%**	**14.6%**	**13.9%**	**15.5%**	**17.2%**	**14.2%**
Northern	Ambulance Turnarounds	2,201	2,282	2,184	2,218	2,213	2,052	**13,150**
	< 30 minutes	209	208	233	239	233	190	**1,312**
	% < 30 minutes	**9.5%**	**9.1%**	**10.7%**	**10.8%**	**10.5%**	**9.3%**	**10.0%**
South Eastern	Ambulance Turnarounds	1,530	1,460	1,349	1,482	1,409	1,314	**8,544**
	< 30 minutes	160	141	198	205	203	204	**1,111**
	% < 30 minutes	**10.5%**	**9.7%**	**14.7%**	**13.8%**	**14.4%**	**15.5%**	**13.0%**
Southern	Ambulance Turnarounds	1,791	1,803	1,763	1,863	1,879	1,829	**10,928**
	< 30 minutes	190	182	199	203	220	266	**1,260**
	% < 30 minutes	**10.6%**	**10.1%**	**11.3%**	**10.9%**	**11.7%**	**14.5%**	**11.5%**
Region	Ambulance Turnarounds	9,882	10,104	9,692	10,228	10,011	9,464	**59,381**
	< 30 minutes	1,066	1,041	1,186	1,233	1,251	1,265	**7,042**
	% < 30 minutes	**10.8%**	**10.3%**	**12.2%**	**12.1%**	**12.5%**	**13.4%**	**11.9%**

Source : Northern Ireland Ambulance Service Dashboard

COMMUNITY CARE

Unmet Need (High Confidence – Non Epic Data)

10% reduction in unmet need hours by March 2026 compared to position at 31 March 25 (full and partial packages across all POCs)
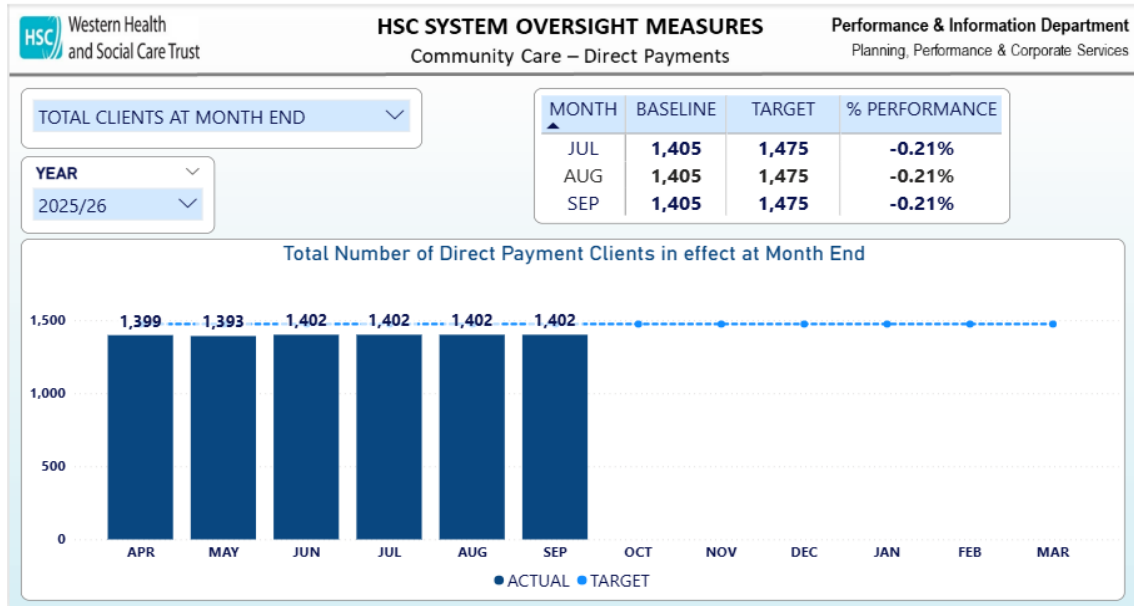
Total Packages: at the end of September 2025, the Trust reported **5,830** unmet need hours against the expected target of **4,342**; (**20.85% increase**). The confidence in this data remains unchanged at "High" (RAG Green) as it is currently sourced from a non-epic system.
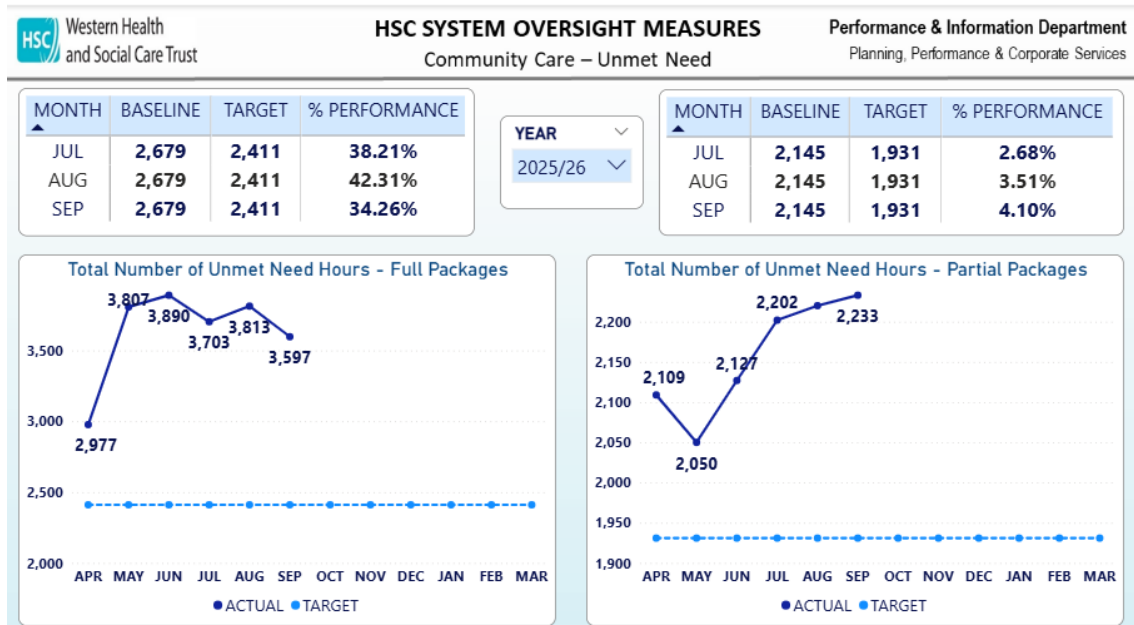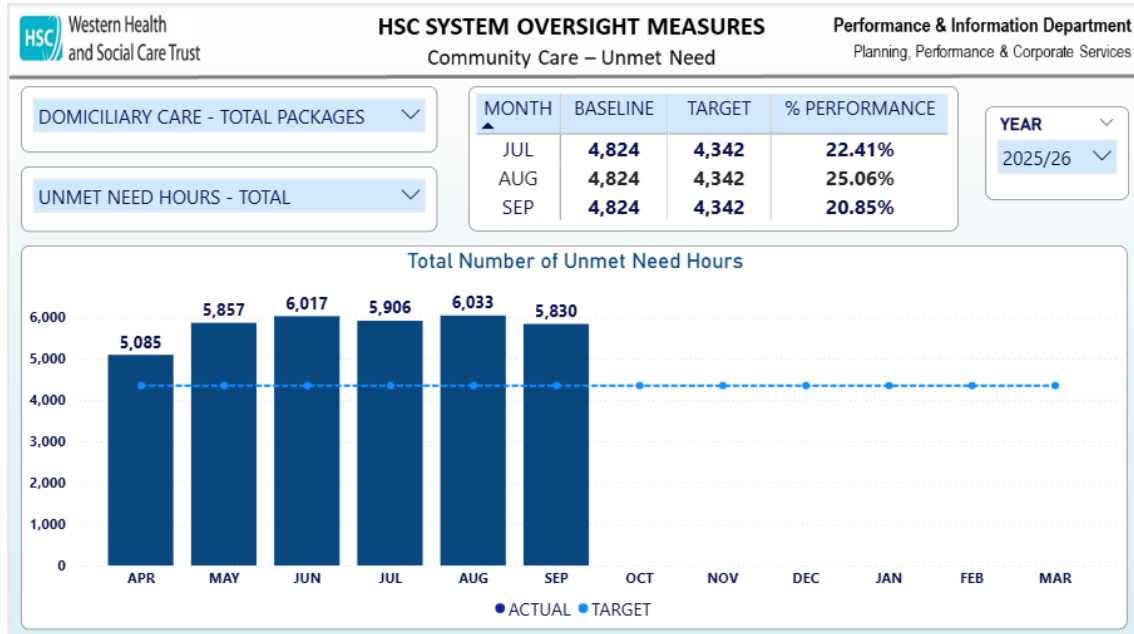
Direct Payments (High Confidence - Non Epic Data)

5% increase in Direct Payments in effect for service users by March 2026 (compared to position at 31 March 2025)

By the end of March 2026, the Trust are expected to achieve 1,475 Service User Direct Payments in effect. <u>At the end of September 2025, there were **1,402** Direct Payment Clients in effect</u>. The confidence in this data remains unchanged at "High" (RAG Green) as it is currently sourced from a non-epic system.

Unallocated cases - Children's Services (High Confidence – Non Epic Data)

To reduce unallocated cases (family support only) by 10% by March 2026 (compared to position at end March 2025) for those case >than 20 days and for family support cases only

To achieve the 10% reduction, the Trust are expected to report **25** Family Support Unallocated Cases at the end of March 2026. This target was achieved by the Trust in August and September 2025. <u>At the end of September 2025, the Trust reported **5** Family Support Unallocated Cases against the Target of 25 (-82.14% reduction achieved).</u>

The confidence in this data remains unchanged at "High" (RAG Green) as it is currently sourced from a non-epic system.
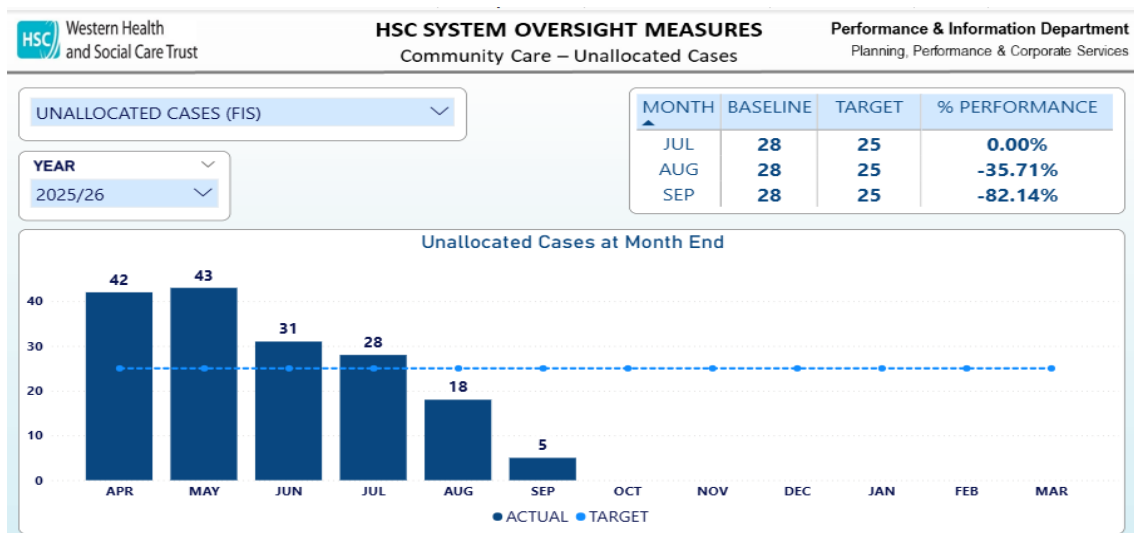
SAFETY & QUALITY

The Public Health Agency (PHA) Monthly Target Monitoring Report for the Western Trust stipulates that a new methodology has been adapted for the setting of Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridioides Difficile Infection (CDI) targets. The previous count of cases has been replaced by incidence rates which facilitates more accurate and standardised comparisons over time and across Trusts, taking into consideration variations in patient volume and exposure to infection risks within each Trust. This methodology is in line with the new UK AMR National Action Plan (NAP).

Hospital Acquired Infection - Clostridioides Difficile Infection (CDI)

Trust-specific targets to deliver a reduction in the rate of inpatient episodes of CDI, measured per 100,000 occupied beds, in patients aged two years and over by the end of the 2025/26 financial year.

Targets for individual Trusts vary depending on their performance during the 2023/24 baseline financial year.

Source: HSC Trust Reporting Dashboard (SPPG)

Service Area	2025/26 Target Trajectory	Quarter 1	Quarter 2
HCAI - clostridioides difficile (CDI)	CDI RATE	16.4	12.7
	CDI TARGET	13.5	13.2

***CDI target was based on the 2023/24 baseline, a year in which the Trust observed a substantial reduction in CDI episodes in comparison to previous years.**

Hospital Acquired Infection - Methicillin-resistant Staphylococcus aureus (MRSA)

Trust-specific targets to deliver a reduction in the rate of MRSA episodes, measured per 100,000 occupied beds by the end of the 2025/26 financial year have been agreed.

Targets for individual Trusts vary depending on their performance during the 2019/20 baseline financial year.

Source: HSC Trust Reporting Dashboard (SPPG)

Service Area	2025/26 Target Trajectory	Quarter 1	Quarter 2
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	MRSA RATE	0.000	0.000
	MRSA TARGET	1.613	1.613

Monitoring against the Antimicrobial Consumption (AMC) metrics; Total Antimicrobial Consumption, Carbapenem Use, Piperacillin-Tazobactam use and WHO AWaRE Access Category Antibiotic use; is currently unavailable. The HCAI/AMR surveillance team have advised that due to the rollout of encompass the AMC data is still undergoing validation by Trust pharmacists.
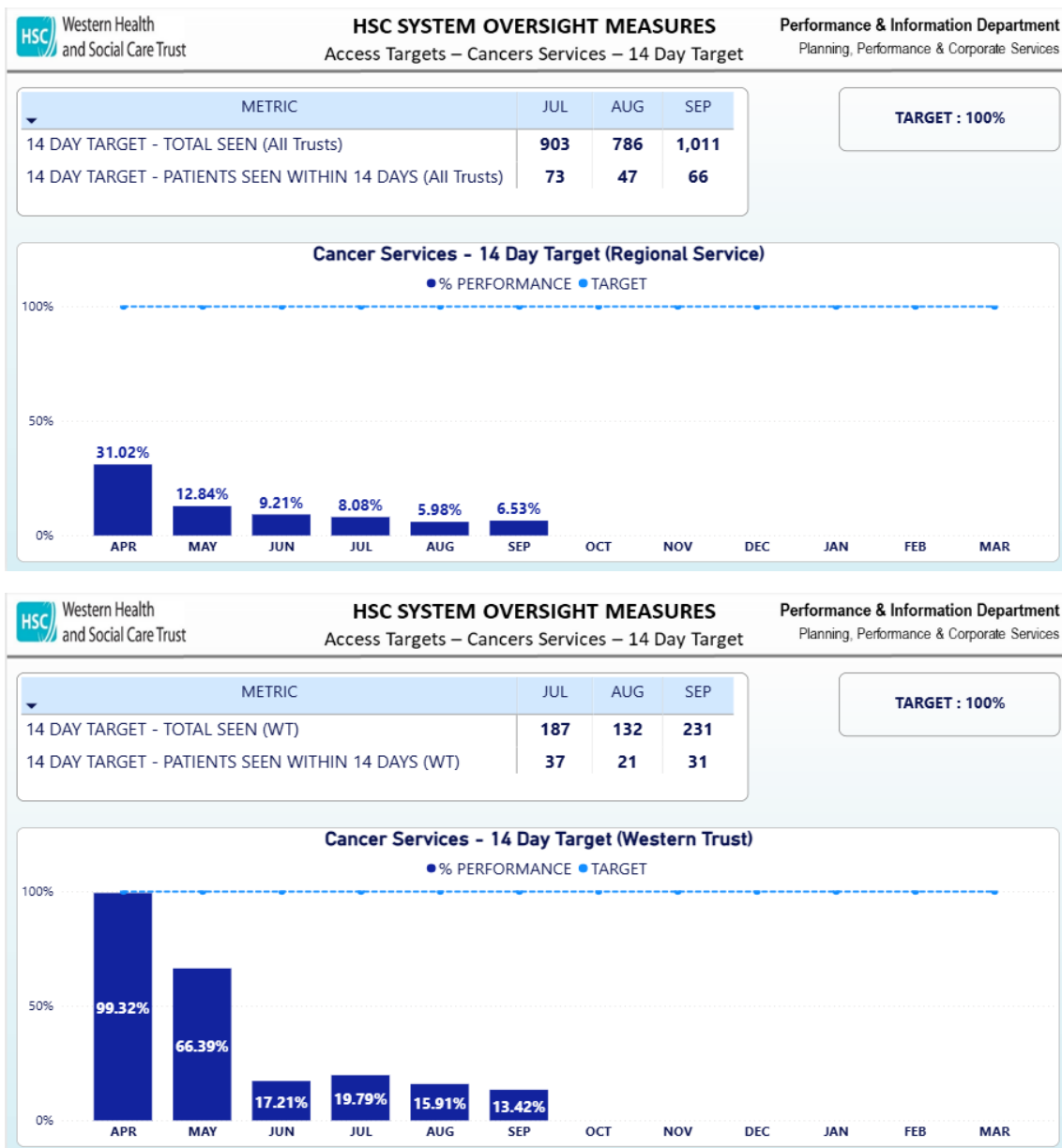
ACCESS TARGETS

Access Performance – 14 Day Breast Cancer : Regional Service (Medium Confidence)
100% of Suspect Breast Cancer Referrals to be seen <14 Days

The Regional Breast Service has been operational from 8th May 2025 with the purpose of addressing inequalities in breast cancer care across NI, and variations in waiting times between Trusts.

Regionally, at the end of September 2025, a total of **1,011** patients seen with **66** seen within 14 day target; this reflects **6.53%** against the 100% Target. Of the 1,011 patients seen across the region, **231** patients were seen by Western Trust clinicians with **31** of the 66 seen within 14 days.

The 14 Day Breast Cancer waiting times data continues to be validated by the PPI team inconjuction with Cancer service colleagues.

Source: HSC Trust Reporting Dashboard (SPPG)

Access Performance – Cancer Services 31 Day Target (High Confidence)

At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

This target is subject to a reporting time lag, out turn is reported monthly in arrears. At the end of August 2025, a total of **80** patients seen with **75** seen within 31 days of a decision to treat; this reflects **93.75%** against the 98% Target.

The waiting times information is unavailable from May to July 2025, due to data validation being undertaken by the PPI team inconjuction with SPPG and Cancer service colleagues, following the encompass go live. As a result of this validation, the Trust are reporting "High Confidence" (RAG Green) in the waiting times data.
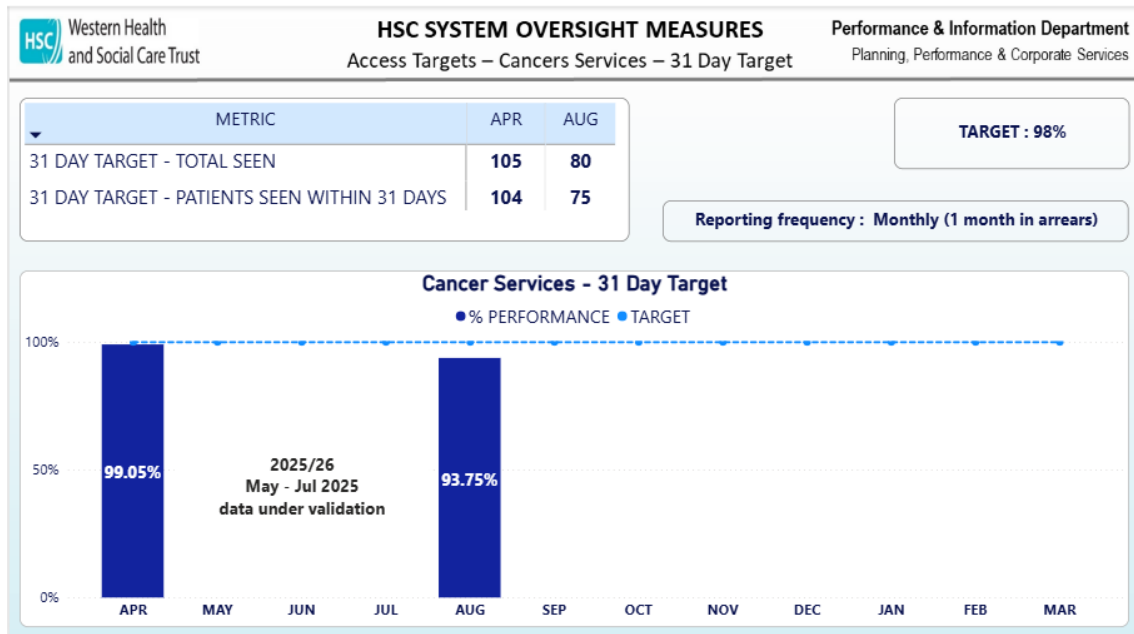
Access Performance – Cancer Services 62 Day Target (High Confidence)

At least 95% of patients referred with a suspected cancer should begin their first definitive treatment within 62 days.

This target is subject to a reporting time lag, out turn is reported monthly in arrears. At the end of August 2025, a total of **51** patients seen with **21** beginning their first treatment within 62 days of referral; this reflects **41.18%** against the 95% Target.

The waiting times information is unavailable from May to July 2025, due to data validation being undertaken by the PPI team inconjuction with SPPG and Cancer service colleagues, following the encompass go live. As a result of this validation, the Trust are reporting "High Confidence" (RAG Green) in the waiting times data.
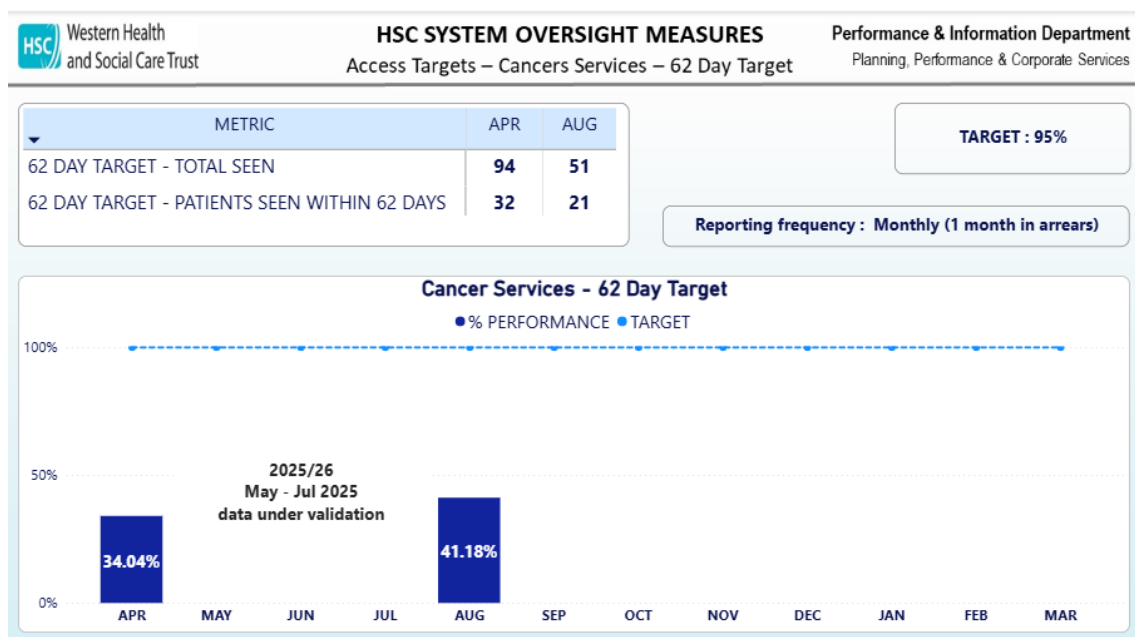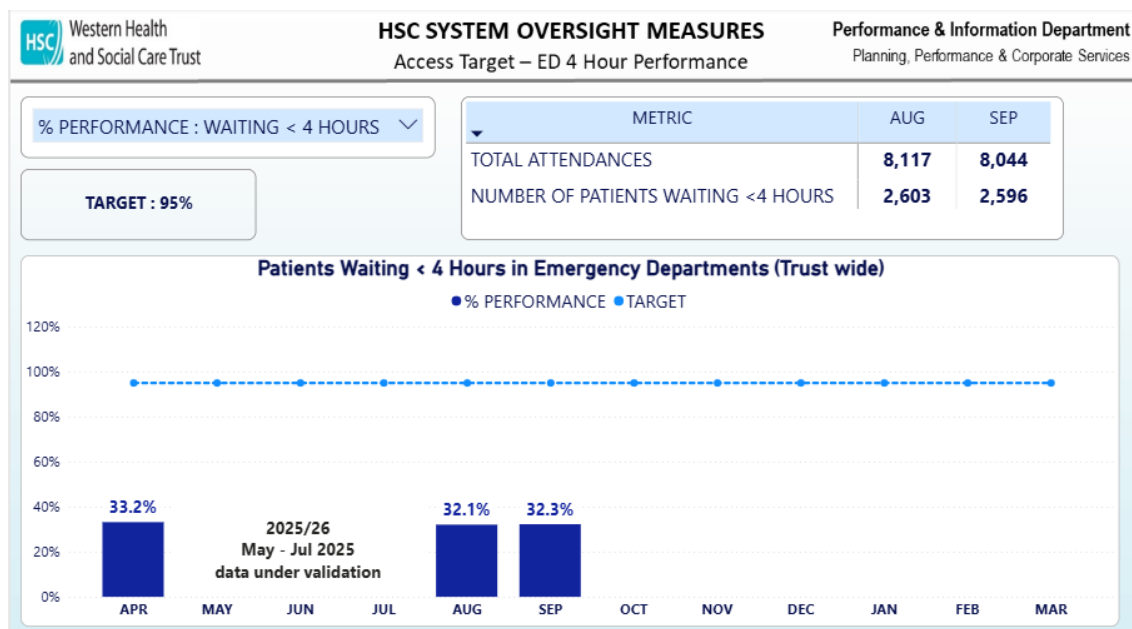
Access Performance – Emergency Department (High Confidence)

95% of patients waiting (ED Attendances) <4hrs for treatment, discharge, admission or transfer

At the end of September 2025, **2,596** patients waited less than 4 Hours in ED for treatment, discharge, admission or transfer, representing **32.3%** against the 95% target.

The May to July 2025 information is unavailable due to validation undertaken by the PPI team and service colleagues, following the encompass go live. As a result of this validation, the Trust are in a positon to report "High Confidence" (RAG Green) in this service data.

	HSC SYSTEM OVERSIGHT MEASURES	Performance & Information Department
Western Health and Social Care Trust	Access Target – ED 4 Hour Performance	Planning, Performance & Corporate Services

METRIC	AUG	SEP
TOTAL ATTENDANCES	8,117	8,044
NUMBER OF PATIENTS WAITING <4 HOURS	2,603	2,596

% PERFORMANCE : WAITING < 4 HOURS

TARGET : 95%

Patients Waiting < 4 Hours in Emergency Departments (Trust wide)
● % PERFORMANCE ● TARGET

APR 33.2%
2025/26 May - Jul 2025 data under validation
AUG 32.1%
SEP 32.3%

Access Performance – Child & Adolescent Mental Health Service (CAMHS) (Medium Confidence)

No patient waits longer than 9 weeks to access the Child & Adolescent Mental Health Service

At the end of September 2025:

- **395** patients were waiting to access CAMHS with **249** waiting longer than 9 weeks. This represents an improvement in access to this service compared to April 2025; when there were **480** in total waiting and **341** waiting longer than 9 weeks.

  The waiting times information is unavailable from May to August 2025, due to data validation being undertaken by the PPI team inconjuction with SPPG and CAMH service colleagues, following the encompass go live. As a result of this validation, the Trust are reporting "Medium Confidence" (RAG Amber) in the waiting times data.
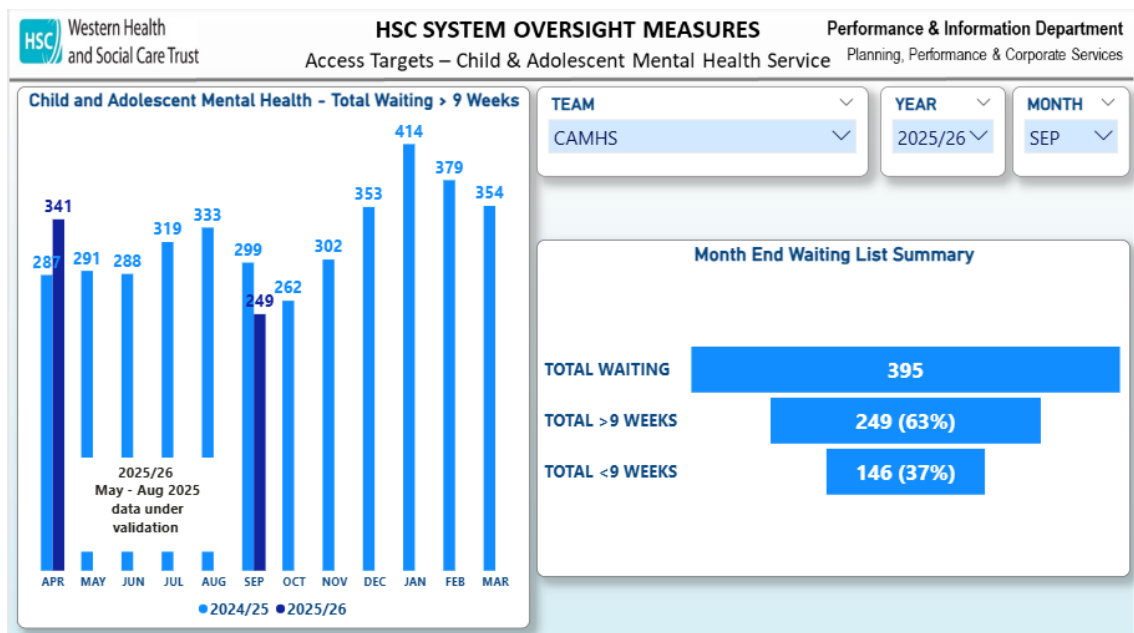
Access Performance – Dementia Service (Medium Confidence)

No patient waits longer than 9 weeks to access the Dementia Service

At the end of September 2025:

- **414** patients were waiting to access the Dementia Service with **127** waiting longer than 9 weeks. This represents an improvement in access to this service compared to April 2025; when there were **511** in total waiting and **248** waiting longer than 9 weeks.

  The waiting times information is unavailable from May to August 2025, due to regional development on the epic Dementia Dashboard. The data was available from August 2025, at which point validation was undertaken by the PPI team inconjuction with SPPG and Dementia service colleagues. As a result of this validation exercise, one team has fully validated and are reporting high confidence in their waiting list data. An issue was identified in the waiting list data within the remaining Dementia team and an epic resolution has been sought. This being the case, the Trust are reporting "Medium Confidence" (RAG Amber) in the Dementia waiting times data.
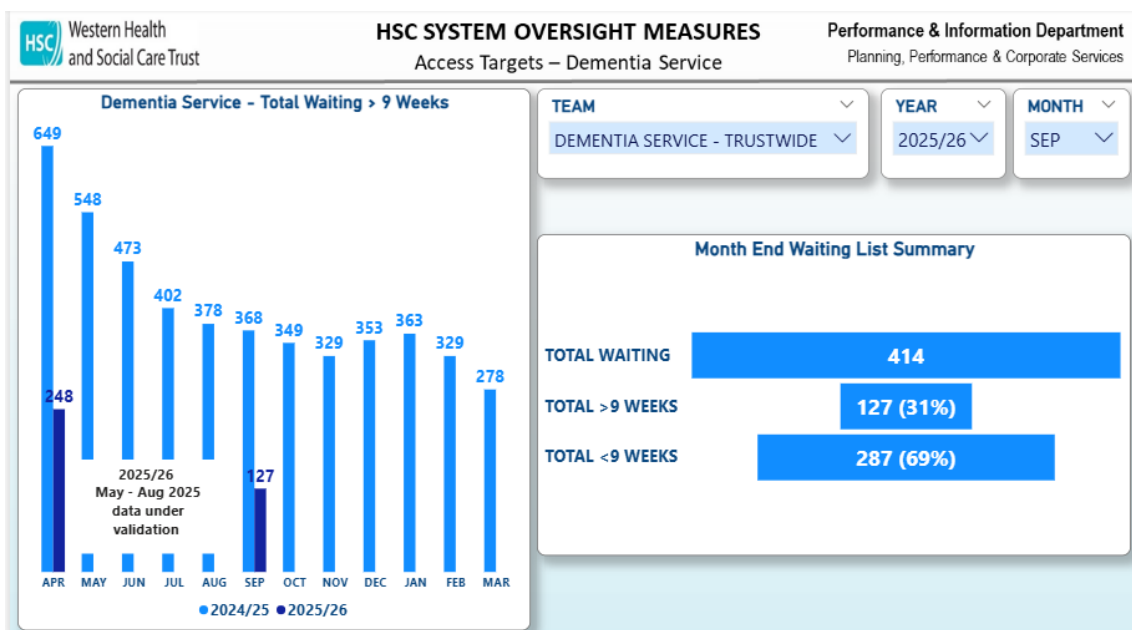
SECTION 3 : ACTIVITY STABILISATION

The Trust's Performance and Informatics team have been engaged in an ongoing programme of Activity Stabilisation that entails the analysis and validation of pre-encompass Hospital and Community patient level data (May – November 2024) against post-encompass data, to understand whether services have stabilised after this major system implementation and to ensure a high level of confidence in future reporting. There have also been a series of collaborative formal and informal investigatory meetings with encompass, Epic and Trust Services, to identify issues and agree recommendations to support recovery.

This process has been ongoing since encompass Go-Live on the 8th May 2025 and will continue until the end of November 2025. The post go live data validation remains a significant activity and will continue beyond stabilisation.

At Week 6 - 23 (16th June to 19th October 2025), Activity Stabilisation is progressing as expected allowing for this significant system change. Based on the activity across Hospital and Community services, there are a number of teams/specialities that are reporting activity over and under when compared to baseline data, this is due to the factors set out below.

- **System issues**: incorrect mapping of services/specialties and missing staff on epic reports, therefore activity volumes not as expected.

- **Data quality issues**: service adherence to workflows, appointment resolutions, training issues. System is reliant on ensuring that medical and clinical staff are inputting information as per agreed workflows.

- **Data standards**: changes to activity counting/methodology.

A summary of the Western Trust Activity Metrics (Trust wide position) at Week 23 (13th – 19th October 2025) is provided in Table 1 below.

Table 1 : Activity Metrics (Trust Wide) Reporting Date Range: Week 23 : 13th – 19th October 2025

Metric	Actual	Target (Baseline activity)
Emergency Metrics (DASHBOARD ID – 243864)	RAG Status: GREEN	
New & Unplanned ED Attendances	2,590 ↓	2,403 ↓
Planned Review ED Attendances	80 ↓	77 ↓
12-Hour Breaches	363 ↓	372 ↓
24-Hour Breaches	203 ↓	174 ↓
36-Hour Breaches	122 ↑	88 ↓
Inpatient & Day Case (DASHBOARD ID – 243864)	RAG Status: AMBER	
Day Case	656	555
Day Case Series / Regular Attenders	57	526
Elective Inpatient Admissions	168	122
Non-Elective Inpatient Admissions	662	510
Endoscopy (Elective only)	295	226
Outpatient (DASHBOARD ID – 243864)	RAG Status: GREEN (Total New & Review)	
Consultant-led & ICATS New	103% (1,644)	100%*(1,589)
Consultant-led & ICATS Review	99% (2,944)	100%*(2,959)
Consultant-led & ICATS - Total New & Review	101% (4,588)	100% (4,548)
Community	RAG Status: AMBER	
Adult Mental Health (NIMH) (DASHBOARD ID-215472)	72%	100%
Child & Adolescent Mental Health Service (DASHBOARD ID-215472)	81%	100%
Dementia - Regionally agreed Dementia Dashboard available on Epic. Ongoing validation of waiting times data/activity between Service & PPI. Referral		
Psychological Therapies (NIPT) (DASHBOARD ID-215472)	79%	100%
AHP – New (DASHBOARD ID-105023)	104%	100%
AHP – Review (DASHBOARD ID-105023)	71%	100%
Community Dental (DASHBOARD ID-162583)	51%	80%

This refers to services where CMT agreed to exceptions against the Minimum Booking Levels.

Appendix 1: Strategic Priorities 2025/26 – System Oversight Measures (SOMs)

STRATEGIC PRIORITIES 2025/26 - SYSTEM OVERSIGHT MEASURES (SOMs)

Domain	Service Area/Metric	Indicator / Target	Target detail	Type of Reporting Update	Reporting Source	Frequency of reporting
**ACUTE CARE**						
**Unscheduled Care - NIAS**						
Performance	Ambulance Response Times Category 1, 2 and 3	Improvement against ambulance response times	Cat 1 (mean) 10 mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 1 (90th percentile) 21 mins by March 26	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 1 T (mean) 15 mins by March 26	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 1 T (90th percentile) 30 mins	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 2 (mean) 36mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 2 (90th percentile) 80 mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 3 (90th percentile) 233 mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
	Call Answering	Improvement against call answering times	Call answering Time - 90% to be answered <5seconds	Quantitative Update	NIAS Submission to SPPG	Monthly
	Ambulance Handover Times (handover delays)	% improvement against 15 min handover standard	<15 mins - 25% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
			<30 mins - 45% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
			<60 mins - 85% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
			>2hours - 0% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
	Ambulance Turnaround Times	Improve Ambulance Turnaround Times	51% to be Turned Around <30 mins	Quantitative Update	NIAS Submission to SPPG	Monthly
	See and Treat Rates	Achieve 15.5% rate	15.5% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
	Hear and Treat Rates	Achieve 10% rate	10% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly

Domain	Service Area/Metric	Indicator / Target	Target detail	Type of Reporting Update	Reporting Source	Frequency of reporting
**ACUTE CARE**						
**Unscheduled Care: Provider Trust**						
Performance	Patients not waiting in ED	Reduce number of patients who do not wait in ED	1% reduction on ED attendances classified as do not wait (site specific) when compared to 2024/25	Quantitative Update	Epic	Monthly
	12 hour ED delay (delay-related harm)	Reduce the number of patients who wait >12 hours in ED	By March 2026, reduce the number of patients who waited longer than 12 hours in ED in 2024/25 by 10%	Quantitative Update	Epic	Monthly
	Simple Discharge Delays	Weekend discharges - Reduce patients waiting >4 hours for discharge	The number of Simple Discharges on any Saturday and any Sunday should be at least 80% of the average daily number of Simple Discharges from Mon-Fri in that week.	Quantitative Update	Epic	Monthly
	Complex Discharge Delays	Weekend discharges - Reduce patients waiting >48 hours for discharge	The number of Complex Discharges on any Saturday and any Sunday should be at least 60% of the average daily number of Complex Discharges from Mon-Fri in that week.	Quantitative Update	Epic	Monthly
	Re-Admission rates	Reduce number of patients readmitted within 7 days and between 8 and 30 days from discharge	10% reduction in readmission rates. Reduction will be based on individual Trusts' 2023/24 position.	Quantitative Update	Epic	Quarterly in arrears (Q1 reported in Q2)
	Fractured Neck of Femur – reduce number of patients who wait >48 hours for treatment	Achieve 95% of NOF patients treated within 48 hours	95% of patients where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures	Quantitative Update	FORD	Monthly
	Other Fractures – reduce number of patients who wait >7 days for treatment	Achieve 95% of all Fractures patients treated within 7 days	95% of all fracture patients , where clinically appropriate, wait no longer than 7 Days for inpatient treatment for fractures	Quantitative Update	FORD	Monthly

ACUTE CARE						
Scheduled Care: Outpatients						
Performance	DNA / on the day cancellation rates	New OP appointment: 5% (max.)	Trusts to achieve a maximum of 5% DNAs/CNDs, of total intended attendances	Quantitative Update	Epic	Monthly
		Review OP appointment: 8% (max.)	Trusts to achieve a maximum of 8% DNAs/CNDs, of total intended attendances.	Quantitative Update	Epic	Monthly
	Review appointments - reduce the number of outpatient follow-ups being added to waiting list	25% reduction (against 2019/20 activity levels for agreed specialties)	By March 2026, Trusts to achieve a 25% reduction in the number of patients being added to the review waiting list in comparison to 2019/20.	Quantitative Update	Epic	Monthly
	Expand the use of patient-initiated follow-up (PIFU)	Move 5% of outpatient review attendances to PIFU pathways	Expand the uptake of PIFU to all major outpatient specialties, transferring 5% of all patients that potentially require follow-up to PIFU pathways by March 2026	Quantitative Update	Epic	Monthly
Scheduled Care: Theatres / Inpatients / Day Cases						
Performance	DNA / on the day patient / hospital cancellations (combined)	Theatres – main, DPU/Endoscopy: 5% (max.)	Trusts to achieve a maximum DNA / CND rate for main theatres of 5%	Quantitative Update	Epic	Monthly - 1 month in arrears
			Trusts to achieve a maximum DNA / CND rate for DPU of 5%	Quantitative Update	Epic	Monthly - 1 month in arrears
			Trusts to achieve a maximum DNA / CND rate for endoscopy suites of 5%	Quantitative Update	Epic	Monthly - 1 month in arrears
	Theatre utilisation – run and op times	Run times - main / DPU / Endoscopy theatres: 90%	Trusts to achieve a minimum Run time rate for main theatres of 90%	Quantitative Update	Epic	Monthly - 1 month in arrears
			Trusts to achieve a minimum Run time rate for DPU theatres of 90%	Quantitative Update	Epic	Monthly - 1 month in arrears
			Trusts to achieve a minimum Run time rate for endoscopy suites of 90%	Quantitative Update	Epic	Monthly - 1 month in arrears
		- Op time - main theatres: 85%	Trusts to achieve a minimum Op time rate for main theatres of 85%	Quantitative Update	Epic	Monthly - 1 month in arrears
		- Op time - DPU theatres: 80%	Trusts to achieve a minimum Op time rate for DPU theatres of 80%	Quantitative Update	Epic	Monthly - 1 month in arrears
Efficiency and Productivity	Theatre throughput - ensure adherence to GIRFT recommended theatre throughput rates.	Ensure adherence to GIRFT recommended theatre throughput rates for cataracts	* cataract (8 -10 cases per four-hour list (depending on junior trainee participation))	Progress Report/Narrative/Qualitative Assessment	Trust	Quarterly
		Ensure adherence to GIRFT recommended theatre throughput rates for hip replacements	* total hip replacement (2 cases per four-hour list)	Progress Report/Narrative/Qualitative Assessment	Trust	Quarterly
		Ensure adherence to GIRFT recommended theatre throughput rates for knee replacements	* total knee replacement (2 cases per four-hour list)	Progress Report/Narrative/Qualitative Assessment	Trust	Quarterly
	Day case rates – as per British Association of Day Surgery (BADS) recommended rates	Procedure room/OPP rates for individual procedures – as per BADS rates. Procedures with zero length of stay as per BADS rates D29 D31	For those BADs procedures where Trust have not yet achieved the recommended day case rates, they will be required to demonstrate an incremental improvement for each procedures by 31 March 2026 (against the March 2025 baseline). To improve Daycases Rates to BADS recommended	Quantitative Update	Epic	Quarterly in arrears (Q1 reported in Q2)
	Admissions on day of inpatient surgery	Increase across those specialties currently below CHKS peer group levels	Need to compare to CHKS peer group - proposed group is HES Acute Peer Group	Quantitative Update	Epic	Quarterly in arrears (Q1 reported in Q2)
	Average length of stay for elective inpatients	Decrease across those specialties currently above CHKS peer group levels (reduce average LOS)	Need to compare to CHKS peer group - proposed group is HES Acute Peer Group	Quantitative Update	Epic	Quarterly

			COMMUNITY CARE			
			Mental health			
Performance	3 day follow up assessments	% of 3 day follow up assessments completed post discharge from in-patient psychiatric admission	% of 3 day follow up assessments completed post discharge from in-patient psychiatric admission	Quantitative Update	Epic	Monthly (reporting will not commenced October 2025)
			Maximize Home Care Capacity			
	Create greater efficiencies in home care provision to address unmet need.	10% reduction in unmet need hours by each HSC Trust by 31 March 2026	10% reduction in unmet need hours by March 2026 compared to position at 31 March 25 (full and partial packages across all POCs)	Quantitative Update	Due to data quality issues, BT, NT & SET Trusts are currently reporting out of ebrokerage. Trusts are using encompass data for validation. Trusts to work	Monthly
Performance	Digital solution introduced for Trust Home Care Service to manage and reduce unused hours, to strengthen governance and communication and improve the experience for the Service user and their carers	Minimum of 5% in recycled hours through use of Care Line Live	Minimum of 5% in recycled hours through use of Care Line Live	Progress Report/Narrative/Qualitative Assessment	Service Lead	Monthly (reporting will not commenced October 2025)
	Promotion of Direct Payments as an alternative to a traditional package of home care	5% increase in Direct Payments in effect for service users by 31 March 2026	5% increase in Direct Payments in effect for service users by March 2026 (compared to position at 31 March 2025)	Quantitative Update	Due to data quality issues, BT, NT & SET Trusts are currently reporting out of ebrokerage. Trusts are using encompass data for validation. Trusts to work toward standing down use of	Monthly
			Home Care Project Steering Group			
	Minimum Regional Definition & Data Set	A detailed regionally consistent Home Care data return to be in place by 31 March 2025	Regional data set to be developed end Jan 2025. Trusts to confirm reporting arrangements end Feb 2025. Consistent data return to be in place for end March 2025.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
Performance	Review of Home Care Standards for home care	Review and agreement reached by all key stakeholders. To be rolled out by 31 March 2025	Home care Standards to be reviewed by end November 2024. Implementation end March 2025.	Progress Report/Narrative/Qualitative Assessment	Policy - Debbie Murray	Quarterly
	Detailed Drill down on investment in Home Care Services/Demand & Capacity and VFM	Full financial breakdown of costs and spending investment. Full Transparency – by 31 March 2025	Completion end March 2025.	Progress Report/Narrative/Qualitative Assessment	SPPG Finance	Quarterly
			Children's Social Care Reform Board Actions			
	Ensure consistent governance around the management of unallocated cases within Children's Services - Family Support only.	Development of regional guidance and a clear accountability framework for HSC Trusts for the management and	Development of regional guidance and a clear accountability framework for HSC Trusts for the management and oversight of unallocated cases in family support by September 2024	Qualitative - Governance assurance and Guidance change - progress report due.	Regional Service Lead	Quarterly
		To reduce unallocated cases by 10% by March 2026 (compared to position at end March 2025	To reduce unallocated cases (family support only) by 10% by March 2026 (compared to position at end March 2025) for those case >than 20 days and for family support cases only	Quantitative Any Data Return - manual return from Trusts (although Defs may Change)	Trust	Monthly
	Agree a regionally consistent model for CAMHS Intellectual Disability	Review current service profile in each Trust by September 2024.	Scoping of existing service profile to be completed by end September 2024	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
		Identify what steps each Trust will take to move towards a regionally agreed model by February 2025	Gap analysis between existing service provision and regionally agreed Service Model for CAMHS ID to be completed by end Feb 2025.			Quarterly
Performance	Develop an implementation plan for Children with Disability Framework for approval by Reform Board	Develop costs implementation plan with each Trust by September 2024.	Individual Trust cost implementation plan to be completed by September 2024.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
	Agree a regionally consistent model for Children with Disabilities Teams	Review current service profile in each Trust by September 2024.	Scoping of existing service profile to be completed by end September 2024	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
		Identify what steps each Trust will take to move towards a regionally agreed model by February 2025	Gap analysis between existing service provision and regionally agreed Service Model for Children with disabilities to be completed by end Feb 2025.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
	Work with HSC Trusts to address significant deficits in placement capacity for children in care and short breaks.	Finalise assessment of need through residential workstream of the Children's Services Reform Board	Assessment of need to be completed by each Trust by end Feb 2025	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
		Set up monitoring system to track high cost cases and ensure when placement is no longer required funding can be repurposed by February 2025.	Assessment of need to be completed by each Trust by end Feb 2025	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
			Statutory Functions			
Performance	All Trusts Statutory Function Reports for 2024/25 to completed by end March 2026.	All Trusts SF Reports to be reviewed and Action Plans to be developed for each of the 5 Trusts by end June 2025. All plans to be implemented and reviewed end March 2026.	All Trusts SF Reports completed and Action Plans to be developed by end June 2025. SF Action Plans to be implemented and reviewed end March 2026.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly

PRIMARY CARE						
Performance	GMS Activity	Compliance with NICAF across a range of domains and indicators	The Northern Ireland Contract Assurance Framework (NICAF) has been introduced to provide governance and assurance re: delivery of service in GMS. NICAF is a one year deal, negotiated and agreed between DoH policy and NIGPC and therefore is subject to change. Negotiations for the 2025/26 year will determine the approach for the next contracting year.	Quantitative Update	SPPG Primary Care	Annually
	GDS Activity	Reduce the percentage of five year old children with caries experience (31% from last survey carried out in 2022)	30% for 2024 survey results	Quantitative Update	SPPG Primary Care	Bi-annually
	GDS Activity	Maintain the number of patients registered with a General Dental Practitioner at April 2025 levels	Ensure the number of patients registered with a General Dental Practitioner in March 2026 is no fewer than the number registered in April 2025.	Quantitative Update	SPPG Primary Care	Annually
	GDS Activity	Maintain 2024/25 GDS activity levels	Ensure that the number patients treated in the GDS in each quarter of 2025/26 is no fewer than the number treated in the corresponding quarter of 2024/25	Quantitative Update	SPPG Primary Care	Quarterly
	Community pharmacy	Number of Community Pharmacy Assurance Framework Declarations (CPAF) completed (target: 100%) and number of targeted visits	All community pharmacies to submit completed Assurance Declaration template on an annual basis All community pharmacies that have an issue (non-compliance with any aspect of declaration) identified via a review of Assurance Declaration to receive a visit from SPPG Community Pharmacy Adviser	Quantitative Update	SPPG Primary Care	Annually (Q1 of following year)
	Ophthalmic	Maintenance of GOS & enhanced service activity levels in line with historical and commissioned levels.	Numbers of HSC-funded General Ophthalmic Services Sight Tests delivered annually. [Caveat: demand-led service]	Quantitative Update	SPPG Primary Care	Annually
	Ophthalmic	•90% access to NI PEARS within 48 hours.	Percentage of acute eye presentations appointed within 48 hrs between date of referral and date seen.	Quantitative Update	SPPG Primary Care	Quarterly
SAFETY AND QUALITY						
Safety and quality	**All Healthcare Providers - 6 x Trusts, Primary Care and Others**	Compliance with SAI Processes.	Number of Terms of Reference overdue (due date either by 4 week timescale for Level 2 or by date agreed between SPPG/PHA and HSC Trust for Level 3)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of SAI Review Reports overdue - Level 1 (due within 8 weeks from Notification)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of SAI Review Reports overdue - Level 2 (due within 12 weeks from notification)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of SAI Review Reports overdue -Level 3 (due by date as agreed between SPPG/PHA and HSC Trust)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of action plans overdue for Level 2 and Level 3 SAIs (should accompany SAI report submitted to SPPG)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
		Level of complaints (trend analysis)	Number of Complaints linked to Adverse Incidents - Graded Medium or Above	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of Complaints Referred and Upheld by NIPSO	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of Complaints managed outside of response timeframe (20 days) - where extension was agreed.	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of Complaints managed outside of response timeframe (20 days) - where extension was not agreed.	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
	Safety and Quality	Develop Encompass Medication Safety Dashboard metrics for specific high-risk medicines and situations including baseline data collation	Year 1. Develop Encompass Medication Safety Dashboard Year 2. Develop metrics for specific high-risk medicines and situations including baseline data collation	Progress Report/Narrative/Qualitative Assessment	SPPG Primary Care	Quarterly
		Reduce antimicrobial consumption	Total antibiotic prescribing - secure (in secondary care) a 2% reduction in total antibiotic prescribing (DDD per 1,000 admissions) by the end of March 2026	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
			Carbapenem use - secure (in secondary care) a 2% reduction in carbapenem use (measured in DDD per 1,000 admissions) by end of March 2026.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
			Piperacillin-tazobactam use - secure (in secondary care) a 2% reduction in piperacillin-tazobactam use (measured in DDD per 1,000 admissions) by end of March 2026.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
			WHO AWaRe Access category antibiotic use- Trusts to secure a total of 55% usage of antibiotics from the UK aligned Access AWaRe category	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
		Reduce Hospital Acquired Infections	Clostridioides Difficile Infection (CDI) - Trust-specific targets to deliver a reduction in the rate of inpatient episodes of CDI, measured per 100,000 occupied beds, in patients aged two years and over by the end of the 2025/26 financial year. Targets for individual Trusts vary depending on their performance during the 2023/24 baseline financial year.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
			Methicillin-resistant Staphylococcus aureus (MRSA) - Trust-specific targets to deliver a reduction in the rate of MRSA episodes, measured per 100,000 occupied beds by the end of the 2025/26 financial year have been agreed. Targets for individual Trusts vary depending on their performance during the 2019/20 baseline financial year.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
		Compliance with Falls Prevention Audits	Achieve 95% compliance of all elements of the KPI	Quantitative Update	Epic	Quarterly
		Compliance with Skin Bundle Audits for Pressure Ulcers	95% by March 2026	Quantitative Update	Epic	Monthly
		Compliance with MUST	95% by March 2026	Quantitative Update	Epic	Monthly
		Compliance with all elements of Palliative Care Quality indicators	95% by March 2026	Quantitative Update	Epic	Monthly

			ACCESS IMPROVEMENT/MINISTERIAL ACCESS TARGETS			
Access Improvement	Elective Care	Patients waiting > 9weeks or >52weeks for a 1st New Cons-Led Outpatient Appt	50% of patients waiting <9 weeks. No patients >52 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 9weeks or >26 weeks for a Diagnostic Test	75% of patients waiting <9 weeks. No patients >26 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks or 52 weeks for Inpatient/Day Case Treatment	55% of patients waiting <13 weeks. No patients >52 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Dietetic (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Occupational Therapy (OT) (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Orthoptics (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Physiotherapy (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Podiatry (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Speech & Language Therapy (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
	Cancer Services	Suspect Breast Cancer Referrals seen <14 days	100% of Suspect Breast Cancer Referrals to be seen <14 Days	Quantitative Update	Epic	Monthly
		Cancer Diagnosis Patients receive 1st Definitive Treatment <31 days of DTT	98% of Patients to receive their first definitive treatment <31 days of a DTT	Quantitative Update	Epic	Monthly - 1 month in arrears
		Suspect Cancer Patients receive their 1st definitive treatment <62 days of referral	95% of Patients red flag referred to begin definitive treatment <62 days	Quantitative Update	Epic	Monthly - 1 month in arrears
	Unscheduled Care	ED Attendances waiting <4hrs for treatment, discharge, admission	95% of patients waiting <4hrs	Quantitative Update	Epic	Monthly
	Mental Health Services	Patients waiting >9 weeks for CAMHS Appt	No patients waiting >9 weeks	Quantitative Update	Epic	Monthly
		Patients waiting >9 weeks for Adult MH Appt	No patients waiting >9 weeks	Quantitative Update	Epic	Monthly
		Patients waiting >9 weeks for Dementia Service Appt	No patients waiting >9 weeks	Quantitative Update	Epic	Monthly
		Patients waiting >13 weeks for Psychological Therapies Appt	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly